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HISTORY OF THE UNITED STATES PUBLIC HEALTH SERVICE, 1798-1948

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Public Health Service
Washington, D. C.

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Washington 25, D. C.
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12

HISTORY OF THE PUBLIC HEALTH SERVICE

1. "SING THE DANGERS" (Before 1798)

"Messmates, hear a brother sailor
Sing the dangers of the sea."
—George A. Stevens (1720-1784)

Following America's victorious emergence from the Revolutionary War, its commerce with the world began to grow. Yankee ships were soon sailing to any port that offered goods to trade.

Life at sea lured many of the young men of the day. Most of the cities were located along the seaboard, and youngsters watched ships sailing in with fabrics from England, tea from China, sugar from the West Indies, hides from Latin America. The salt of the sea was in the blood of these youths, inherited from their parents, who had left homes far away to venture across the sea to a new land of promise.

To those who sought their livelihood on the early ships, sea travel was hazardous and little was offered either to prevent or relieve illness and accidents. There were no physical examinations for applicants, no ships' doctors, rarely even a medicine chest. Food was poorly prepared; living conditions were insanitary; strange ports harbored dangerous diseases. There was scant protection from chilling storms; dangerous heights to scale; perilous watches to keep.

A quick twist while climbing in the rigging might produce an injury; a diet lacking in fruits and vegetables was a common cause of scurvy; from contacts in port smallpox or syphilis might be carried back to the ship.

The disabled seaman usually received well-intentioned but unskilled treatment from the master of the ship. Since proper treatment and rest were almost impossible aboard ship, the ill or injured seaman who failed to recover promptly was often dropped ashore in the nearest port. Here it was hoped that a kindly family would nurse him back to health. Often the ailing seaman might bring a menacing disease into the peaceful seaboard town. An overzealous community might confine him to the "pest house."

Although there were few facilities for treatment in those days, in England, a marine hospital had been established at Greenwich in 1592. In fact, American colonial seamen by 1729 were being taxed sixpence a month to help support it. And, in 1749, the colonial legislature of Carolina had authorized the establishment of a hospital for seamen "and other transients."

One of the first efforts in the new United States to help the seamen was embodied in legislation passed in Virginia in 1782. Under this act, a shilling was collected for every seaman entering its ports. After five years there were sufficient funds to build a hospital at Norfolk.

In Boston, the Marine Society, an organization started by ships' captains, in 1790 appointed a committee "to consider what spot of ground may be the most convenient for the erecting a Marine Hospital, the kind of a building that will be most convenient and its expense. Also to make a calculation of the annual income

that will arise from a small tax on seamen for the support of said hospital." Vice President John Adams, who later as President would sign the first Marine Hospital bill, had been elected to membership in that Marine Society. Following the report of its committee, the Society voted to petition Congress to establish a hospital in nearby Charlestown.

Enthusiastic reports from the Virginia marine hospital and the impact of the Boston petition soon made themselves felt in Washington. In 1792, Alexander Hamilton Secretary of the Treasury, transmitted a report of Congress, suggesting that "the establishment of one or more Marine Hospitals in the United States is a measure desirable on various accounts."

Hamilton pointed out that "the interests of humanity are concerned in it," but remembered the legislators' predilection with commerce when he added that "the interests of navigation and trade are also concerned in it." He recommended that 10 cents a month be collected from each seaman to maintain this medical service, and that wives and children of those drowned at sea should also be eligible.

It was not until six years later (1798) that the first marine hospital bill was presented to Congress.

II. THE FIRST BILL (1798)

"the groundwork of all happiness is health"
—Leigh Hunt (1784-1859)

The seal of the United States Public Health Service features a fouled anchor crossed by a caduceus. The fouled anchor signifies a seaman in distress, while this caduceus is the historic symbol of commerce, originally used to indicate Mercury, the messenger of the gods.

Thus America's first venture in health insurance had its origin in a bill "for the relief of sick and disabled seamen." It was introduced into the House of Representatives of the Fifth Congress by Edward Livingston (New York), of the Committee on Commerce and Manufacture, on February 28, 1798. It proposed that Marine Hospital directors be appointed by the President in the principal ports; that they provide for the treatment of seamen; that hospitals might be bought or erected, if advisable; and that the plan be financed by a deduction of 20 cents a month from each seaman's wages.

Opposition to the measure followed this line: 1.) It was double taxation — seamen already paid taxes at home; 2.) It was un-Constitutional — taxation should be based on the whole population, not applied to particular groups; 3.) It violated the sovereignty of the States.

The supporting arguments were: 1.) England had established such a hospital for its sailing men; 2.) Taxpayers would be relieved of supporting itinerant seamen; 3.) Seamen were needed to maintain maritime commerce and to serve the nation in case of war.

Following two days of debate, the bill passed the House on April 12, the Senate on July 14, and was signed by President John Adams on July 16, 1798. On September 1, the measure went into effect.

At that time, there were only three general hospitals in the country - in Boston, New York and New Orleans. The ill convalesced either in their homes or in almshouses. Lack of facilities for treating transients played a large part in starting the hospital movement. That seamen were among the first to benefit was an indication of their importance to our growing country.

Since each hospital was locally autonomous, there was no uniform plan of operation. In general, under the supervision of the Collector of Customs of the Treasury Department, a local surgeon directed the hospital service in each port. Arriving ships were assessed the fees collected from the seamen; hospital bills and surgeons were paid from this fund. Accounts were forwarded quarterly to the Treasury for audit. Locally-owned facilities were generally used until a surplus in the fund permitted the purchase of lands or buildings.

In the original bill, the sums collected in each port had to be spent within that State. But, the following year, this provision was amended so that, with certain exceptions, funds could be spent in adjoining States. In 1802, this plan was scrapped and a common pool was created to finance the operation of all the hospitals.

III. THE UNORGANIZED MARINE HOSPITAL SERVICE (1799-1869)

"Healing is a matter of time, but it is also sometimes
a matter of opportunity"
—Hippocrates (460-377 B.C.)

Following passage of the Bill of 1798, collections from seamen were begun on September 1, 1798. By the following year, sufficient funds had accumulated to begi offering hospital service in barrack buildings provided by the War Department at Castle Island, a fort near Boston. Dr. Thomas Welsh, acting surgeon of the fort, was put in charge, assisted by a steward and a nurse.

In 1800, the Federal Government purchased its first marine hospital, the one operated by the State of Virginia at Norfolk. In 1803, a marine hospital was built at Boston. By this time, service had also been established in hospitals at Charleston, and Newport.

The original hospitals were usually located on the waterfront, so that sick or injured seamen could reach them in boats rowed from their ships. It is small wonder that early reports tell of floods, water-soaked walls, leaking roofs, and tides leaving mud and sediment. In later years, as transportation improved, sites were chosen in higher locations.

The earliest regulations (1800) drawn up by the Treasury included requirements that patients refrain from gambling, obtain permission before leaving the grounds and perform needed work as soon as physically able. A day's "full diet" in those days before nutrition was a science, consisted of "1 pound fresh meat, 2 gills rice or 4 gills Indian meal, 1 gill molasses or 8 gills milk, 1 pound bread." A "low diet" contained "1 gill rice or 2 gills Indian meal, ½ gill molasses, 1 gill milk, ½ oz. coffee or chocolate or ¼ oz tea, 2 oz. sugar and 1 pound bread."

The early hospitals afforded opportunities to study unusual diseases brought home from abroad. As early as 1807, arrangements were made for Harvard medical students to obtain clinical training in the Boston Marine Hospital. Its director

at that time was Dr. Benjamin Waterhouse, who is credited with the introduction of vaccination in this country.

During the War of 1812, the hospitals served wounded American seamen as well as British prisoners. Later, in the Civil War, hospitals were open to patients from both the North and the South.

As the frontier was extended westward, new towns sprang up along the Great Lakes and navigable rivers. In 1837, an Army committee investigated needs and recommended the establishment of marine hospitals at seven inland cities.

As the years passed and the country grew, the number of marine hospitals increased, providing medical service for seamen at newly opened ports. But there was a lack of coordination in their operation. Each one was more or less a "law unto itself." And, lacking central authority, there was apt to be laxity and carelessness.

Congress authorized $1,000 for investigation of the hospitals in 1849, and Dr. George B. Loring and Dr. T. O. Edwards were appointed to collect the necessary information. They recommended the appointment of a chief surgeon and other improvements.

In 1869, John Shaw Billings, an Army medical officer, and a Dr. Stewart, apparently a Treasury representative, were appointed to make a study of the marine hospitals. Their recommendations formed a basis for nationalization of the marine hospitals under the Act of 1870.

IV. EPIDEMICS AND QUARANTINES (1870-1901)

"Humanity has but three great enemies: fever, famine and war: of these by far the greatest, by far the most terrible, is fever."
—Sir William Osler (1849-1919)

In the year after the completion of the first transcontinental railroad, the Act of 1870 brought about a national Marine Hospital Service. It provided for a supervising Surgeon, who was appointed by the Secretary of the Treasury and received $2,000 a year. In 1889, the authority for appointments was shifted to the President. The Act of 1870 also raised the monthly deduction from seamen's wages from 20 cents to 40 cents. In 1884, the seamen's levy was replaced with a tax on tonnage.

The first Supervising Surgeon was Dr. John M. Woodworth, who attacked the problems of organization with a reformer's zeal. Being a former Army medical officer, he reorganized the Service along military lines, insisted on uniforms, established entrance examinations and removed tenure and promotion from politics. He gradually abandoned the employment of local physicians, replacing them with medical officers, admitted only after examination and subject to assignment to any part of the country.

Dr. Woodworth toured the hospitals and saw at once that 10 to 25 percent of the men should never have been accepted for seamen in the first place. In his earliest annual reports, he urged "preventive medicine," recommending that the Service give free physical examinations to would-be seamen. He also assigned his officers to study the dangers of sea life, sanitary conditions on the ships

and means of protecting seamen from exotic diseases.

Epidemics of cholera, plague, smallpox and yellow fever had for a long time been a source of terror to the United States. But until 1873, quarantine had been considered a State's right and the Federal government simply lent its revenue cutters and officers to help enforce State laws. Many of the ports were lax in enforcing their laws so that they would not lose commerce to rival ports with less "red tape." The constant recurrence of yellow fever epidemics and the cholera outbreak in 1873 focused attention on the need for greater Federal authority.

The first national quarantine law of 1878 was a rather mild one. The Federal government could prolong quarantines and strengthen the rules when State laws proved inadequate.

The Marine Hospital Service temporarily lost its quarantine powers in 1879, when Congress authorized a National Board of Health to do the job. Its powers included interstate quarantine inspection, which proved somewhat unpopular with Congress, who resented this "snooping." When the Marine Hospital Service regained its quarantine powers in 1883, there was no provision for interstate inspection. This type of control was legalized again 1890, but actually was used only in unusual emergencies, such as the outbreak of yellow fever in New Orleans in 1905 and the San Francisco plague epidemic of 1906. Generally, the Service found it more effective to induce the States to make use of their own health laws and police powers.

The Service extended its quarantine operations to foreign ports in 1883, by assigning medical officers to obtain information on the departure for America of possibly infested ships. Actual physical examination of immigrants began in New York in 1890 and was later extended to other ports. In these inspections, the Service medical officers acted as advisors to the Immigration Service.

Because of the thousands of persons swarming to America, the examiners developed a kind of sixth sense in detecting disease. They were especially watchful for signs of trachoma, venereal diseases, mental disorders, tuberculosis and other dangerous diseases.

As the work entailed greater training and discipline, officers were more carefully selected; examinations were more searching; men who failed to "make the grade" were dropped. In 1889, a Commissioned Corps was created along military lines, with titles and pay corresponding to Army and Navy grades. Appointment of each officer was made by the President, subject to Senate confirmation, a procedure which continues today.

In treating seamen for contagious diseases, and working to keep epidemics away from our shores, it was natural that research into the causes of disease should become a part of the Service's work. Following Pasteur's discovery that many diseases were caused by living organisms, interest in the study of bacteriology grew by leaps and bounds. A bacteriological laboratory was first established in the Staten Island Marine Hospital in 1887. It became so useful during the threat of a cholera epidemic that it was moved to Washington in 1891, occupying a floor of the Marine Hospital Service offices at New Jersey Avenue and C Street, S. E., and became known as the Hygienic Laboratory.

The sinking of the Maine in 1898 was followed by war with Spain and dangers of yellow fever in Carribean ports. Medical officers were put aboard ships to assume charge of sanitation. In Cuba and Puerto Rico, they examined arriving ships, and studied the mysterious disease and its possible causes. At the close of the conflict, they examined returning soldiers at Montauk Point on Long Island.

Dr. Henry R. Carter, a Marine Hospital Service medical officer, first described the extrinsic incubation period of yellow fever, which was credited by Walter Reed with giving him the lead for his historic work proving mosquito transmission.

V. A RECOGNIZED "PUBLIC HEALTH" SERVICE (1902-1918)

"The health of the people is really the foundation upon which all their happiness and all their powers as a State depend."
—Benjamin Disraeli (1804-1881)

In official recognition of the Service's broader responsibilities, its name was changed by the Act of 1902 to the Public Health and Marine Hospital Service, and the Supervising Surgeon General became the Surgeon General.

New divisions of chemistry, zoology and pharmacology were established within the Hygienic Laboratory, and a new biological control service, to regulate the sale of viruses, serums and similar products, was authorized.

Growing interest in tuberculosis had resulted in the establishment in 1899 of a sanitorium for merchant seamen and other Service beneficiaries at Ft. Stanton, New Mexico. There was also increasing concern for citizens afflicted with leprosy. A commission of medical officers recommended, in 1902, that a station be established in Hawaii to study the problem. A hospital and laboratory were opened there in 1909. By 1920, the Carville Leprosarium had been purchased from the State of Louisiana.

In 1905, the tonnage tax on ships to support the hospitals of the Service was discontinued and since then, Congressional appropriations have been its sole support.

As the Service widened its studies, there was considerable interest in reorganizing the agency and giving it greater powers. In 1904, the American Association for the Advancement of Science appointed a Committee of 100, which recommended a single unified health agency. Both Presidents Theodore Roosevelt and Taft favored consolidation. Some proposals called for a Department of Health with cabinet status; others suggested an independent agency.

After several bills failed, one was passed in 1912, changing the organization's name to its present title, United States Public Health Service. Authority was granted for studies of the "diseases of man and conditions affecting the propagation and spread thereof" and, for the first time, "including sanitation and sewage and the pollution either directly or indirectly of .... navigable streams and lakes."

While acquiring new functions, the Service received funds in 1913 for "field investigations in public health." This in reality marked the beginning of demonstrations of effective control methods, when field studies of typhoid fever were

made in 1914-15. The nature of this work brought the Service into close, mutually helpful relationships with State and local health authorities, and laid the basis for the present system of state cooperation through leadership, demonstrations and grants-in-aid.

In 1916, funds were appropriated for studies in rural sanitation, and here for the first time, States were required to provide specified amounts of their own funds to obtain this service.

With the outbreak of war in 1917, Federal agencies were granted enlarged powers best suited to promote military effectiveness. To the Public Health Service went the job of supervising health conditions in zones surrounding military camps and war plants. This included such tasks as draining malarial swamps, improving local water supplies, giving free vaccinations and furnishing health information. Its officers worked in shipyards, ordnance depots and nitrate plants, protecting workers against job hazards and disease.

Although a Surgeon General had urged measures to control venereal disease as early as 1875, no action was taken until its wartime spread threatened the health of the armed forces. The Army and Navy treated infected soldiers, but were unable to cope with conditions in the crowded "boom towns" near the camps. Public Health Service officers were sent into the extra-cantonment areas armed with little authority except that which State and local officials chose to give them. Clinics had already been opened by the Red Cross and were soon staffed by Service officers. Through the cooperation of law-enforcement authorities, prostitutes were confined to special detention homes for treatment.

As State and local funds for combatting these conditions dwindled, Congress rushed through the Venereal Disease Act of 1918 as a war measure. A Venereal Disease Division was created within the Public Health Service and given $1,000,000 to parcel out to the States for the first year's work. The States responded with educational campaigns and increased control work. When the Nation wanted to return to "normalcy" and forget the War and its ills, the appropriations for venereal disease were reduced until no funds for allotment to States were provided for 1926. But the groundwork had been laid; the Service had its Venereal Disease Division, and the States continued to carry on the important work.

To climax the Nation's wartime problems came one of the worst epidemics in its history—influenza, which struck suddenly in the fall of 1918. The worried States petitioned the Public Health Service for its assistance. Congress appropriated $1,000,000 for control work, and medical officers were detailed to all parts of the country.

Emergency war conditions convinced Congress that the regular Commissioned Corps of the Public Health Service should be supplemented by a reserve corps. A bill to authorize this auxiliary was passed in October 1918.

VI. DEVELOPMENT OF STATES' RELATIONS (1919-1948)

"The old idea of the right of the individual to be sick or of a community to have epidemics no longer exists."
—Franklin D. Roosevelt (1882-1945)

In 1919, ticker tape floated down from office buildings on the shoulders of the returning veterans. Everyone was singing, "How you gonna keep 'em down on the

farm, after they've seen Paree?"

People kidded the returning boys about "cooties." But this form of body lice has been no joke to the Public Health Service. Lice might bear the deadly typhus infection. Soldiers had been systematically "deloused" before being shipped overseas, and new incoming ships must be thoroughly gone over by Public Health authorities. Officers on the liners were instructed in preliminary work so that the task would be less staggering to the medical men in port.

The disabilities of the returning veterans called the Service suddenly to undertake vast new responsibilities. The Bureau of War Risk Insurance was authorized to examine applicants for compensation and give them proper treatment, but, having no medical staff, it assigned these duties to the Public Health Service. Its medical officers were called upon to organize this work. Treatment was administered, not only in the regular Marine hospitals, but in additional hospitals transferred from the War Department, and in private hospitals under contract.

During the period, the Service learned more about mental diseases through its work with the psychiatric difficulties of the returning veterans, and also entered the field of dental work for the first time since returning veterans were legally entitled to this service through the Bureau of War Risk Insurance. In 1922, the responsibility for hospitalization of ex-soldiers was transferred to the newly created Veterans Bureau.

In 1926, the Service developed a Standard Milk Ordinance, which became a model for adoption by State, county and local health departments.

Work in mental hygiene moved forward. Two hospitals for the treatment of narcotic addicts was authorized by the Congress in 1929, the first being opened at Lexington, Kentucky, in 1935.

In 1930, the Hygienic Laboratory, by act of Congress, was renamed the National Institute of Health.

Title VI of the Social Security Act in 1935 provided funds to aid the States in maintaining adequate public health services. In 1939, after 141 years under Treasury supervision, the Public Health Service was made a part of the new Federal Security Agency, which now includes the Office of Education, Social Security Administration, Food and Drug Administration, Bureau of Employees Compensation and several other groups.

The period of 1920 to 1930 was also marked by a Marine Hospital replacement program. Completely new plants were constructed at Baltimore, Boston, Cleveland, Detroit, Galveston, New Orleans, St. Louis, San Francisco and Seattle. Ten other hospitals were enlarged.

As advances in medicine increased life expectancy, there were the degenerative diseases of the aged which presented new problems. Among these, cancer most excited the public to urge Congress to "take steps." In 1937, Congress authorized the organization of a National Cancer Institute. Under this Act, the Surgeon General was first empowered to provide research grants and fellowships, an authority that has since been extended to certain other branches of the Service. In 1938, the Institute was housed in new and larger buildings at Bethesda, Maryland.

In 1938, when Surgeon General Thomas Parran had aroused the Nation again to the widespread prevalence of venereal disease, Congress passed the National Venereal Disease Control Act, and funds were made available for intensive work within the States.

Pearl Harbor and World War II brought the Public Health Service face to face with health problems generated by speedy mobilization for the armed services and war industries, fighting on far-flung fronts under unusual living conditions and the dangers of spreading communicable diseases on the home front. Fortunately, the Service was prepared to meet this emergency.

Local health services had become better organized, but were losing personnel. The Lanham Act, and Emergency and Sanitation Act provided them with funds for improving sanitation facilities and Public Health Service detailed hundreds of engineers, physicians and nurses to assist in this emergency work.

Working with State and local authorities under authority provided by the Venereal Disease Control Act, the Service developed methods to examine registrants, tracked down sources of infection in an effective case-finding operation, and established rapid treatment centers throughout the country. The Public Health Service first demonstrated the successful use of penicillin in the cure of venereal diseases, reducing the treatment period for syphilis to a few days and for gonorrhea to a single office visit.

To meet the acute shortage of nurses, Congress passed the Nurses Training Act, authorizing the Public Health Service to develop a civilian Cadet Nurse Corps. The recruitment campaign, aided by the War Advertising Council, was outstanding among the many war drives, attracting more nurses than the quota called for, each year of the war.

The Service cooperated with the Army and Navy in inspecting ordnance plants and other military industries, and developed methods which reduced poisoning from TNT and other dangerous chemicals.

The National Institute of Health diverted most of its research to war problems. It studied the effects of high altitude flying, improved yellow fever and plague vaccines, tested and improved antimalarial drugs and devised methods by which fighting men in tropical countries could purify water for drinking purposes. A vaccine giving protection against epidemic typhus fever, developed before the War, was given every inductee. In spite of frequent exposure, not one death from this disease occurred during the War.

In cooperation with the Navy, the Service used its Fort Worth hospital for the treatment of sailors suffering from nervous disturbances. Eighty percent of the patients were sufficiently improved to be released after a special three-months treatment.

Public Health Service officers were detailed to other government agencies — 600 as medical officers for the Coast Guard, 200 to work with the War Shipping Administration, others with foreign governments under State Department auspices. Officers of the Service worked with the constructors of a railroad paralleling the Burma Road. Later, some 200 officers were detailed to the United Nations Relief and Rehabilitation Administration.

The varied laws under which the Public Health Service functioned were finally consolidated under Public Law 410, approved in 1944.

Six new measures widened the scope of the Service's work in 1946. The Hospital Survey and Construction Act authorized $75,000,000 a year for five years to supplement State funds in building new hospitals and health centers where the need is greatest. The National Mental Health Act provided funds for research, training, and assistance to States. The Communicable Disease Center was opened at Atlanta, Georgia to specialize in the eradication of disease spread by rodent and insect life and other environmental factors. Funds for cancer control were made available to the States. The National Office of Vital Statistics was moved from the Census Bureau in the Department of Commerce to the Public Health Service. And, extending its work to the international field, assistance was given in laying the groundwork for a World Health Organization under the auspices of the United Nations Relief and Rehabilitation Administration.

The varied laws under which the Public Health Service functioned were finally consolidated under Public Law 410, approved in 1944.

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In 1948, the Public Health Service observed its 150th anniversary.

The Service maintains its national headquarters in the modern Federal Security Building at 3rd Street and Independence Ave., S. W., Washington, D. C. It maintains the world's largest research center at the National Institutes of Health in Bethesda, Maryland, with branches at other strategic points throughout the country. It operates 25 hospitals, 115 outpatient clinics, 2 hospitals for drug addicts, a Leprosarium and 16 major quarantine stations.

Personnel of the Public Health Service numbers 17,000, of which about 2,000 are commissioned officers and the remainder, Civil Service workers. Its officers, engineers and technicians work, not only in Washington, but with the State and local health departments and with universities and hospitals.

Harmonious relations with State and local authorities have been the keystone of the Service's success in the conduct of its Federal-State cooperative activities. Working together as a team, they learn from each other and contribute to the Nation' public health knowledge.

For the fiscal year 1948, Congress provided a total of $191,283,100* in appropriations and contract authorizations for the purposes of the Public Health Service, as follows:

Bureau of State Services	
Venereal Disease Control	$17,324,500
Tuberculosis Control	7,900,000
General Assistance to States	15,132,300
Communicable Disease Control	7,500,000
Hospital Construction Activities	75,850,000
Bureau of Medical Services	
Hospitals and Medical Care	19,850,000
Mental Health Activities	4,250,000
Foreign Quarantine Service	2,440,000
Employee Health Service Programs	210,000
National Institute of Health	
General Research Activities	10,626,000
National Cancer Institute	14,000,000
Construction of Research Facilities	2,650,000
Office of the Surgeon General	
Commissioned Officers Pay, etc.	5,675,300
Training for Nurses	4,000,000
International Health Relations	275,000
Other Services	3,600,000

*Adjusted for rescission of $1,565,000 proposed in 1949 appropriation bill. Excludes $850,000 for National Institute of Mental Health appropriated to Public Buildings Administration; $870,000 for travel expenses, and $264,600 for printing and binding appropriated to the Office of the Administrator, Federal Security Agency.